

Fill in this information to identify your case:

Debtor 1 **Meyer Bryan Smolowsky**
First Name Middle Name Last Name

Debtor 2 **Shawn Elaine Smolowsky**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **21-02707**
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 200,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 24,432.21
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 224,432.21

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 95,600.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 48,390.12
Your total liabilities		\$ 143,990.12

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 4,367.27
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 4,082.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes
7. **What kind of debt do you have?**
☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **5,324.77**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case and this filing:

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First Name Middle Name Last Name

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(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

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Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

3096 PINE LOG ROAD

Street address, if available, or other description

Warrenville SC 29851-0000
City State ZIP Code

Aiken
County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$200,000.00	\$200,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

DEBTORS RESIDENCE-3096 PINE LOG ROAD, WARRENVILLE SC 29851, AIKEN COUNTY, (3) BEDROOM HOUSE, TMS# (052-15-01-003), TAX APPRAISAL VALUE (\$163,465), SEE ATTACHED TAX APPRAISAL

DEBTORS ESTIMATES VALUE AT (\$200,000)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$200,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

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3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No
☒ Yes

3.1 Make: **JEEP**
Model: **PATRIOT**
Year: **2016**
Approximate mileage: **100,000**
Other information:

2016 JEEP PATRIOT: VIN# (1C4NJPBB1GD537425), (4) DOOR, (4) CYLINDERS, (100,000) MILES, NADA VALUE (\$10,175)

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$10,175.00

\$10,175.00

3.2 Make: **GMC**
Model: **SIERRA 1500 TRUCK**
Year: **2002**
Approximate mileage: **55,000**
Other information:

2002 GMC SIERRA 1500 TRUCK: VIN# (2GETK19T32102275), (2) DOOR, (8) CYLINDER, (55,000) MILES, DEBTOR ESTIMATES VALUE AT (\$1,500)

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$1,500.00

\$1,500.00

3.3 Make: **DODGE**
Model: **D100 TRUCK**
Year: **1969**
Approximate mileage: **30,000**
Other information:

1969 DODGE D100 TRUCK: VIN# (1161947693), (2) DOOR, (8) CYLINDER, (30,000) MILES, DEBTOR ESTIMATES VALUE AT (\$1,000)

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$1,000.00

\$1,000.00

3.4 Make: **KAWASAKI**
Model: **VN900BJF VULCAN 900 MOTORCYCLE**
Year: **2018**
Approximate mileage: **2,500**
Other information:

2018 KAWASAKI VN900BJF VULCAN 900 MOTORCYCLE: VIN# (JKVAN2D14JA060018), (903)CC ENGINE, V-TWIN, (2) CYLINDERS, (4) STROKE, NADA VALUE (\$5,200)

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$5,200.00

\$5,200.00

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4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No

☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$17,875.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

HOUSEHOLD GOODS: COUCH, LOVESEAT, TABLES, CHAIRS, BEDS, DRESSERS, MICROWAVE, REFRIGERATOR, STOVE, WASHER, DRYER, MOWER, WEEDEATER, ARMOIR, PATIO FURNITURE, GRILL, YARD EQUIPMENT, BOOKCASES

\$3,250.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

HOUSEHOLD GOODS: TVS, DVD PLAYER, COMPUTERS, PHONES

\$800.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe.....

BOOKS

\$25.00

PICTURES: HOME DECORATING PICTURES

\$20.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe.....

PERSONAL PROPERTY: PIANO

\$10.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

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11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

CLOTHING

\$1,000.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

JEWELRY

\$1,000.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

ANIMALS: (2) CATS

\$25.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$6,130.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

CASH ON HAND

\$100.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. **Savings**

SRP FEDERAL CREDIT UNION: SAVINGS ACCOUNT# (0000)

\$0.01

17.2. **Savings**

SRP FEDERAL CREDIT UNION: SAVINGS ACCOUNT# (0061)

\$2.20

17.3. **Checking**

SRP FEDERAL CREDIT UNION: CHECKING ACCOUNT# (0071)

\$300.00

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17.4. **Checking**

PNC: CHECKING ACCOUNT# (7165)

\$25.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

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28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$427.21

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

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Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$200,000.00
56. Part 2: Total vehicles, line 5	\$17,875.00	
57. Part 3: Total personal and household items, line 15	\$6,130.00	
58. Part 4: Total financial assets, line 36	\$427.21	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+ \$0.00	
62. Total personal property. Add lines 56 through 61...	\$24,432.21	Copy personal property total \$24,432.21
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$224,432.21



Parcel Summary

Parcel ID 052-15-01-003
 Location Address 3092 PINE LOG RD
 Additional addresses: WARRENVILLE 29851
 Legal Description N/W SIDE PINE LOG RD
 (Note: Not to be used on legal documents)
 Property Class / Property Type RESIDENTIAL / REAL PROPERTY
 Neighborhood VAL5
 Fire District LANGLEY
 Building Description
 Tax District LANG BATH CLEAR
 Millage Rate 6% RATIO = 239.50 OWNER-OCCUPIED 4% RATIO = 102.20
 Acres 4.03
 Exemptions
 Council District COUNCIL DISTRICT THREE
 Location Description N/W SIDE PINE LOG RD



Owner Information

Meyer Bryan Smolowsky et al
 3096 Pine Log Rd
 Warrenville, SC 29851

Land Information

Land Type	Units	Unit Type	Appraised Value	Market Value
Legal Residence 4%	3.03	AC	\$18,180	\$18,180
Residential 6%	1	AC	\$6,000	\$6,000

Residential Buildings

Type Single-family Residence
 Style One Story
 Units 1
 Total Area Sq Ft 2,016
 Heated Area Sq Ft 2,016
 Exterior Walls Veneer, Brick;
 Actual Year Built 1986
 Flooring Automatic Floor Cover Allowance;
 Roof Cover Composition Shingle
 Number Fireplaces 2
 Heating Type Warmed & Cooled Air
 Bedrooms 0
 Bathrooms 3 FULL
 Garage Area
 Market Value \$163,465

Miscellaneous Improvement Information

Description	Size	Units	Market Value
Enclosed Porch (SF), Screened Walls	160/0	160	\$1,691
Pool, Vinyl-lined (SF)	512/0	512	\$3,040
Additional Cost (porches, canopies, etc.)			\$4,742

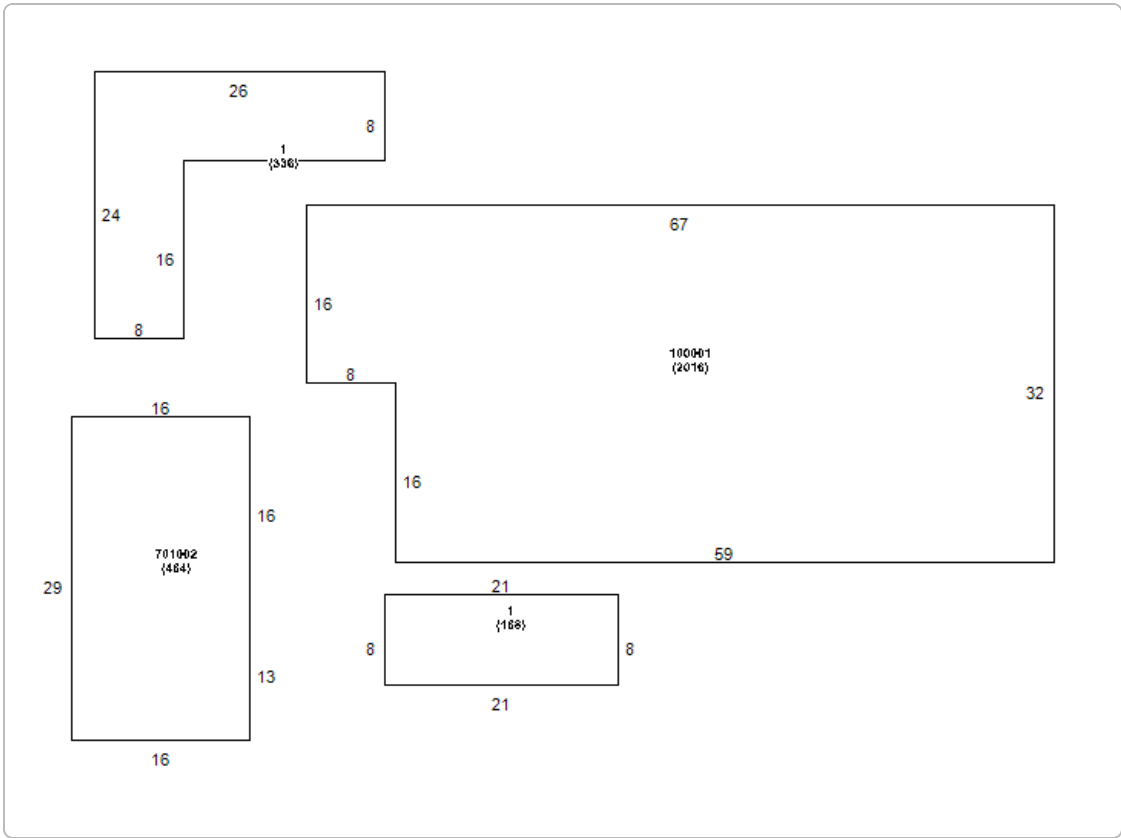
Sales

Sale Date	Buyer	Seller	Sale Price	Book/Page
8/21/2019	MEYER BRYAN SMOLOWSKY		\$1	4796/707
11/6/2020	MEYER BRYAN SMOLOWSKY & SHAWN SMOLOWSKY		\$5	4891/1203

Property Valuation History

	2021	2020	2019
Land Value	\$24,180	\$24,180	\$24,180
Improvement Value	\$172,938	\$159,949	\$159,949
Total Market Value	\$197,118	\$184,129	\$184,129
Assessed Value	\$7,950	\$7,490	\$7,490

Sketches



Photos



No data available for the following modules: Commercial/Agricultural/Other Buildings, Mobile Home Information, Mobile Homes on Parcel.

The Aiken County Assessor's Office and IT/GeoServices Division strive to produce the most accurate information possible. No express or implied warranties of any kind are provided for, or applicable to, the data herein, its use, or its interpretation. All assessment information is subject to change.
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Last Data Upload: 11/14/2021, 8:35:14 PM

Version 2.3.161

Fill in this information to identify your case:

Debtor 1	Meyer Bryan Smolowsky		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Shawn Elaine Smolowsky		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	21-02707		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
DEBTORS RESIDENCE-3096 PINE LOG ROAD, WARRENVILLE SC 29851, AIKEN COUNTY, (3) BEDROOM HOUSE, TMS# (052-15-01-003), TAX APPRAISAL VALUE (\$163,465), SEE ATTACHED TAX APPRAISAL	\$200,000.00	<input checked="" type="checkbox"/> \$113,825.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(1)(a)
DEBTORS ESTIMATES VALUE AT (\$200,000) Line from <i>Schedule A/B</i> : 1.1			
2016 JEEP PATRIOT: VIN# (1C4NJPBB1GD537425), (4) DOOR, (4) CYLINDERS, (100,000) MILES, NADA VALUE (\$10,175) Line from <i>Schedule A/B</i> : 3.1	\$10,175.00	<input checked="" type="checkbox"/> \$6,325.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
2016 JEEP PATRIOT: VIN# (1C4NJPBB1GD537425), (4) DOOR, (4) CYLINDERS, (100,000) MILES, NADA VALUE (\$10,175) Line from <i>Schedule A/B</i> : 3.1	\$10,175.00	<input checked="" type="checkbox"/> \$3,850.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$3,850.00 of unused Homestead Exemption

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Case number (if known) **21-02707**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
2002 GMC SIERRA 1500 TRUCK: Vin# (2GETK19T32102275), (2) DOOR, (8) CYLINDER, (55,000) MILES, DEBTOR ESTIMATES VALUE AT (\$1,500) Line from Schedule A/B: 3.2	\$1,500.00	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$1,500.00 of unused Homestead Exemption
HOUSEHOLD GOODS: COUCH, LOVESEAT, TABLES, CHAIRS, BEDS, DRESSERS, MICROWAVE, REFRIGERATOR, STOVE, WASHER, DRYER, MOWER, WEEDEATER, ARMOIR, PATIO FURNITURE, GRILL, YARD EQUIPMENT, BOOKCASES Line from Schedule A/B: 6.1	\$3,250.00	<input checked="" type="checkbox"/> \$3,250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
HOUSEHOLD GOODS: TVS, DVD PLAYER, COMPUTERS, PHONES Line from Schedule A/B: 7.1	\$800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
BOOKS Line from Schedule A/B: 8.1	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
PICTURES: HOME DECORATING PICTURES Line from Schedule A/B: 8.2	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$20.00 of unused Homestead Exemption
PERSONAL PROPERTY: PIANO Line from Schedule A/B: 9.1	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$10.00 of unused Homestead Exemption
CLOTHING Line from Schedule A/B: 11.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
JEWELRY Line from Schedule A/B: 12.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4)
ANIMALS: (2) CATS Line from Schedule A/B: 13.1	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
CASH ON HAND Line from Schedule A/B: 16.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$100.00 of unused Homestead Exemption

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Savings: SRP FEDERAL CREDIT UNION: SAVINGS ACCOUNT# (0000) Line from Schedule A/B: 17.1	\$0.01	<input checked="" type="checkbox"/> \$0.01 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$0.01 of unused Homestead Exemption
Savings: SRP FEDERAL CREDIT UNION: SAVINGS ACCOUNT# (0061) Line from Schedule A/B: 17.2	\$2.20	<input checked="" type="checkbox"/> \$2.20 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$2.20 of unused Homestead Exemption
Checking: SRP FEDERAL CREDIT UNION: CHECKING ACCOUNT# (0071) Line from Schedule A/B: 17.3	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$300.00 of unused Homestead Exemption
Checking: PNC: CHECKING ACCOUNT# (7165) Line from Schedule A/B: 17.4	\$25.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$25.00 of unused Homestead Exemption

3. **Are you claiming a homestead exemption of more than \$170,350?**
(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1 **Meyer Bryan Smolowsky**
First Name Middle Name Last Name

Debtor 2 **Shawn Elaine Smolowsky**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **21-02707**
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	<div>NEVADA FUNDING, LLC</div> <div>Creditor's Name</div> <div>7525 TIOANGA CANYON BLVD</div> <div>Canoga Park, CA 91303</div> <div>Number, Street, City, State & Zip Code</div>	<div>Describe the property that secures the claim:</div> <div>DEBTORS RESIDENCE-3096 PINE LOG ROAD, WARRENVILLE SC 29851: ARREARAGE TO BE ADDRESSED BY LOAN MODIFICATION</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Nature of lien. Check all that apply.</div> <div><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div> <div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div> <div><input type="checkbox"/> Judgment lien from a lawsuit</div> <div><input checked="" type="checkbox"/> Other (including a right to offset)</div>	<div>Value of collateral: \$95,000.00</div>	<div>Claim: \$200,000.00</div>	<div>Unsecured: \$0.00</div>
<div>Who owes the debt? Check one.</div> <div><input type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div>					
<div>Mortgage</div>					

Date debt was incurred **12/20** Last 4 digits of account number **9159**

Debtor 1 **Meyer Bryan Smolowsky** Case number (if known) **21-02707**
 First Name Middle Name Last Name
 Debtor 2 **Shawn Elaine Smolowsky**
 First Name Middle Name Last Name

2.2 QUICK CREDIT Creditor's Name 1606 RICHLAND AVENUE, WEST Aiken, SC 29801 Number, Street, City, State & Zip Code	Describe the property that secures the claim: \$600.00 \$3,250.00 \$0.00 <div style="border: 1px solid black; padding: 2px;">HOUSEHOLD GOODS: 522(F) VOIDABLE</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Non-Purchase Money Security
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Who owes the debt? Check one.
☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **12/20** Last 4 digits of account number **3978**

Add the dollar value of your entries in Column A on this page. Write that number here:	\$95,600.00
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	\$95,600.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

[] Name, Number, Street, City, State & Zip Code AIKEN COUNTY CLERK OF COURT PO BOX 3047 Aiken, SC 29802	On which line in Part 1 did you enter the creditor? 2.1 Last 4 digits of account number ____
[] Name, Number, Street, City, State & Zip Code AIKEN COUNTY MASTER IN EQUITY 109 PARK AVENUE SE Aiken, SC 29801	On which line in Part 1 did you enter the creditor? 2.1 Last 4 digits of account number ____
[] Name, Number, Street, City, State & Zip Code BELL CARRINGTON, PRICE & GREGG 339 HEYWARD STREET, 2ND FLOOR Columbia, SC 29201	On which line in Part 1 did you enter the creditor? 2.1 Last 4 digits of account number ____

Fill in this information to identify your case:

Debtor 1 **Meyer Bryan Smolowsky**
First Name Middle Name Last Name

Debtor 2 **Shawn Elaine Smolowsky**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **21-02707**
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
- ☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	AIKEN COUNTY TREASURER Nonpriority Creditor's Name PO BOX 636 Aiken, SC 29802 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9159 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice Only	\$0.00

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

4.2	CAPITAL ONE Nonpriority Creditor's Name PO BOX 30285 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4047</u> \$1,000.00 When was the debt incurred? <u>1/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>
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4.3	CARE CREDIT Nonpriority Creditor's Name 140 WEKIVA SPRINGS ROAD Longwood, FL 32779 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3040</u> \$9,000.00 When was the debt incurred? <u>2/15</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>
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4.4	CASHNET USA Nonpriority Creditor's Name 175 WEST JACKSON SUITE 1000 Chicago, IL 60604 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9289</u> \$800.00 When was the debt incurred? <u>1/20</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Cash Advance</u>
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Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

4.5	CASHNET USA Nonpriority Creditor's Name 175 WEST JACKSON, STE 1000 Chicago, IL 60604 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3978</u> \$800.00 When was the debt incurred? <u>1/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Cash Advance</u>
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4.6	CHASE Nonpriority Creditor's Name PO BOX 960013 Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8251</u> \$1,065.12 When was the debt incurred? <u>1/16</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>
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4.7	CREDIT ONE BANK Nonpriority Creditor's Name PO BOX 98876 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3610</u> \$2,000.00 When was the debt incurred? <u>1/18</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>
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Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

4.8	CREDIT ONE BANK Nonpriority Creditor's Name PO BOX 98876 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0677</u> \$2,000.00 When was the debt incurred? <u>1/18</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>
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4.9	CREDIT ONE BANK Nonpriority Creditor's Name PO BOX 60500 City of Industry, CA 91716 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3978</u> \$2,000.00 When was the debt incurred? <u>1/18</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>
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4.10	DISCOUNT TIRE Nonpriority Creditor's Name 140 WEKIVA SPRINGS ROAD Longwood, FL 32779 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9828</u> \$1,500.00 When was the debt incurred? <u>1/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Line of Credit</u>
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Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

4.1 1	EVERGREEN <hr/> Nonpriority Creditor's Name PO BOX 834 Lac Du Flambeau, WI 54538 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9159</u> \$600.00 <hr/> When was the debt incurred? <u>1/20</u> <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Cash Advance</u>
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4.1 2	FINGERHUT <hr/> Nonpriority Creditor's Name PO BOX 70283 Philadelphia, PA 19176 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0694</u> \$1,000.00 <hr/> When was the debt incurred? <u>1/16</u> <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Line of Credit</u>
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4.1 3	FINGERHUT <hr/> Nonpriority Creditor's Name 6250 RIDGEWOOD ROAD Saint Cloud, MN 56303 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3978</u> \$1,000.00 <hr/> When was the debt incurred? <u>1/17</u> <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Line of Credit</u>
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Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

4.1 4	FIRST PREMIER BANK Nonpriority Creditor's Name PO BOX 5529 Sioux Falls, SD 57117-5529 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4223 \$3,000.00 When was the debt incurred? 1/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases
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4.1 5	FIRST PREMIER BANK Nonpriority Creditor's Name 3820 N LOUISE AVE Sioux Falls, SD 57107 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9788 \$3,000.00 When was the debt incurred? 1/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases
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4.1 6	FIRST PREMIER BANK Nonpriority Creditor's Name 605 S MINNESOTA AVE Sioux Falls, SD 57104 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3978 \$3,000.00 When was the debt incurred? 1/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases
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Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

4.1
7

FIRST SAVINGS CREDIT CARD

Nonpriority Creditor's Name

PO BOX 2509

Omaha, NE 68103

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3373**

\$500.00

When was the debt incurred? **1/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit card purchases**

4.1
8

FIRST SAVINGS CREDIT CARD

Nonpriority Creditor's Name

PO BOX 2509

Omaha, NE 68103

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2860**

\$500.00

When was the debt incurred? **1/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit card purchases**

4.1
9

HOME DEPOT

Nonpriority Creditor's Name

PO BOX 9001010

Louisville, KY 40290

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9216**

\$4,500.00

When was the debt incurred? **1/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit card purchases**

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

4.2 0	INDIGO Nonpriority Creditor's Name PO BOX 4477 BEAVERTON, OR 97076 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5159 \$400.00 When was the debt incurred? 1/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases
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4.2 1	IRS Nonpriority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9159 \$0.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice Only
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4.2 2	JESSICA LONDON Nonpriority Creditor's Name PO BOX 182273 Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4628 \$250.00 When was the debt incurred? 1/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases
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Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

4.2 3	LAKESHORE LOANS Nonpriority Creditor's Name PO BOX 764 Lac Du Flambeau, WI 54538 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3978 \$600.00 When was the debt incurred? 1/20 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Cash Advance
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4.2 4	LOWES Nonpriority Creditor's Name 140 WEKIVA SPRINGS ROAD Longwood, FL 32779 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9159 \$0.00 When was the debt incurred? 1/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice Only
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4.2 5	MERRICK BANK Nonpriority Creditor's Name PO BOX 9201 Old Bethpage, NY 11804 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9969 \$500.00 When was the debt incurred? 1/19 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases
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Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

4.2
6

MISSON LANE

Nonpriority Creditor's Name
1137 FIRST AVENUE
Columbus, GA 31901

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5741**

\$400.00

When was the debt incurred? **1/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Line of Credit**

4.2
7

RISE

Nonpriority Creditor's Name
PO BOX 101808
Fort Worth, TX 76185

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3978**

\$600.00

When was the debt incurred? **1/20**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Cash Advance**

4.2
8

ROAMANS

Nonpriority Creditor's Name
PO BOX 182125
Columbus, OH 43218

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0571**

\$250.00

When was the debt incurred? **1/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit card purchases**

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

4.2
9

SC DEPT OF REVENUE

Last 4 digits of account number **9159** **\$0.00**

Nonpriority Creditor's Name

PO BOX 12265

Columbia, SC 29211

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

4.3
0

SPEEDY CASH

Last 4 digits of account number **9159** **\$1,200.00**

Nonpriority Creditor's Name

PO BOX 780408

Wichita, KS 67278

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

6/21

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Cash Advance**

4.3
1

SPEEDY CASH

Last 4 digits of account number **3978** **\$1,200.00**

Nonpriority Creditor's Name

PO BOX 780408

Wichita, KS 67278

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

6/21

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Cash Advance**

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

4.3
2

SPOT LOAN

Nonpriority Creditor's Name

PO BOX 720
Belcourt, ND 58316

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9159**

\$600.00

When was the debt incurred? **1/21**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Cash Advance**

4.3
3

SPOT LOAN

Nonpriority Creditor's Name

PO BOX 720
Belcourt, ND 58316

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3978**

\$600.00

When was the debt incurred? **1/21**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Cash Advance**

4.3
4

SRP FEDERAL CREDIT UNION

Nonpriority Creditor's Name

PO BOX 6730
North Augusta, SC 29861

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4385**

\$1,000.00

When was the debt incurred? **1/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Line of Credit**

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

4.3
5

STONEBERRY

Nonpriority Creditor's Name

PO BOX 2820

Monroe, WI 53566

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3978**

\$400.00

When was the debt incurred? **1/19**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**

4.3
6

SURGE

Nonpriority Creditor's Name

PO BOX 3220

Buffalo, NY 14240

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5742**

\$400.00

When was the debt incurred? **1/20**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**

4.3
7

SURGE

Nonpriority Creditor's Name

PO BOX 31292

Tampa, FL 33631

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9159**

\$400.00

When was the debt incurred? **1/20**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

4.3
8

SWISS COLONY

Nonpriority Creditor's Name

**1112 7th AVE
Monroe, WI 53566**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4566**

\$200.00

When was the debt incurred? **1/20**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit card purchases**

4.3
9

TOTAL CARD

Nonpriority Creditor's Name

**PO BOX 85710
Sioux Falls, SD 57118**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3978**

\$700.00

When was the debt incurred? **1/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit card purchases**

4.4
0

VERVE

Nonpriority Creditor's Name

**PO BOX 3220
Buffalo, NY 14240**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3978**

\$400.00

When was the debt incurred? **1/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit card purchases**

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

4.4 1	WALMART Nonpriority Creditor's Name PO BOX 30285 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4344 When was the debt incurred? 1/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases	\$575.00
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4.4 2	WISCONSIN CHEESE MAN Nonpriority Creditor's Name 1112 7th AVE Monroe, WI 53566 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3978 When was the debt incurred? 1/20 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Line of Credit	\$200.00
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4.4 3	WOMAN WITHIN Nonpriority Creditor's Name PO BOX 182273 Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9159 When was the debt incurred? 1/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases	\$250.00
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

Name and Address
ATTORNEY GENERAL OF UNITED STATES
950 PENNSYLVANIA AVE, NW
Washington, DC 20530-0001

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US ATTORNEY'S OFFICE
ATTN DOUG BARNETT
1441 MAIN ST STE 500
Columbia, SC 29201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$	Total Claim 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
Total claims from Part 2	6f. Student loans	6f.	\$	Total Claim 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	48,390.12
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$	48,390.12

Fill in this information to identify your case:

Debtor 1 **Meyer Bryan Smolowsky**
First Name Middle Name Last Name

Debtor 2 **Shawn Elaine Smolowsky**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **21-02707**
(if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease <small>Name, Number, Street, City, State and ZIP Code</small>	State what the contract or lease is for
2.1 Name Number Street City State ZIP Code	
2.2 Name Number Street City State ZIP Code	
2.3 Name Number Street City State ZIP Code	
2.4 Name Number Street City State ZIP Code	
2.5 Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1 **Meyer Bryan Smolowsky**
First Name Middle Name Last Name

Debtor 2 **Shawn Elaine Smolowsky**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **21-02707**
(if known)

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number Street
 City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name _____

Number Street
 City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Meyer Bryan Smolowsky

Debtor 2 Shawn Elaine Smolowsky
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 21-02707
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
- ☐ Not employed

Occupation

TECHNICIAN

Employer's name

ASP POOLS

Employer's address

1585 UNIVERSITY
Aiken, SC 29803

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

OFFICE MANAGER

AUGUSTA FAMILY DENTAL
GROUP

3608 WHEELER ROAD
Augusta, GA 30909

How long employed there?

5 YEARS

1 MONTHS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>2,583.85</u>	\$ <u>2,740.92</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>2,583.85</u>	\$ <u>2,740.92</u>

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 2,583.85	\$ 2,740.92
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 427.55	\$ 529.95
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 427.55	\$ 529.95
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,156.30	\$ 2,210.97
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,156.30 + \$ 2,210.97	= \$ 4,367.27
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	4,367.27
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: CO-DEBTOR BEGAN WORKING FOR AUGUST FAMILY DENTAL GROUP IN SEPTEMBER 2021. DEBTOR SELLS PAINTED PEEBLE CRAFTS AND AVERAGES \$100/MONTH IN SALES. DEBTORS DO NOT ANTICIPATE ANY CHANGES TO INCOME WITHIN THE NEXT YEAR.		

Name: MEYER B SMOLOWSKY

SSN/EIN: XXX-XX-9159

Pay Period: 08/08/2021 - 08/21/2021

Balance available - Vac: 0.00 hrs Sick: 0.00 hrs

Check Date: 08/27/2021

Pay Class: Hourly

Earnings	Rate	Hours	Current	YTD	Benefits	Current	YTD	Deductions	Current	YTD
Training	\$10.00	0.00	\$0.00	\$0.00						
Rate 1	\$15.00	72.75	\$1,177.50	\$19,797.19						
Vacation	\$15.00	0.00	\$0.00	\$0.00						
Bonus	\$15.00	0.00	\$0.00	\$0.00						
OT - Rate 1	\$22.50	5.75	\$43.13	\$515.64						

Gross Pay:		\$1,220.63	\$20,312.83
Withholdings		Current	YTD
Federal		\$58.60	\$955.68
Social Security		\$75.68	\$1,259.42
Medicare		\$17.70	\$294.55
South Carolina		\$51.92	\$854.97

Benefits Total: \$0.00 \$0.00 Deductions Total: \$0.00 \$0.00

† Benefit amount is applied to Gross Pay.

‡ Benefit not applied to Gross/Net Pay.

§ Benefit taxed not applied to Gross/Net Pay.

Net Pay:		\$1,016.73	\$16,948.21
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08/27/2021

One Thousand Sixteen Dollars and 73 Cent:

MEYER B SMOLOWSKY

3000 PINE LOG RD

Warrenville, SC 29851

\$ 1,016.73

Name: MEYER B SMOLOWSKY

SSN/EIN: XXX-XX-9159

Pay Period: 08/08/2021 - 08/21/2021

Balance available - Vac: 0.00 hrs Sick: 0.00 hrs

Check Date: 08/27/2021

Pay Class: Hourly

Earnings	Rate	Hours	Current	YTD	Benefits	Current	YTD	Deductions	Current	YTD
Training	\$10.00	0.00	\$0.00	\$0.00						
Rate 1	\$15.00	72.75	\$1,177.50	\$19,797.19						
Vacation	\$15.00	0.00	\$0.00	\$0.00						
Bonus	\$15.00	0.00	\$0.00	\$0.00						
OT - Rate 1	\$22.50	5.75	\$43.13	\$515.64						

Gross Pay:		\$1,220.63	\$20,312.83
Withholdings		Current	YTD
Federal		\$58.60	\$955.68
Social Security		\$75.68	\$1,259.42
Medicare		\$17.70	\$294.55
South Carolina		\$51.92	\$854.97

Benefits Total: \$0.00 \$0.00 Deductions Total: \$0.00 \$0.00

† Benefit amount is applied to Gross Pay.

‡ Benefit not applied to Gross/Net Pay.

§ Benefit taxed not applied to Gross/Net Pay.

Net Pay:		\$1,016.73	\$16,948.21
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Document: MEYER B SMOLOWSKY

Check Date: 09/24/2021

Pay Class: Hourly

SSN/EIN: XXX-XX-9159

Pay Period: 09/05/2021 - 09/18/2021

Balance available - Vac: 0.00hrs

Sick: 0.00hrs

Rate	Hours	Current	YTD	Benefits	Current	YTD	Deductions	Current	YTD
\$10.00	0.00	\$0.00	\$0.00						
\$15.00	76.00	\$1,147.50	\$22,193.44						
\$15.00	0.00	\$0.00	\$0.00						
\$15.00	0.00	\$0.00	\$0.00						
\$22.50	0.50	\$3.75	\$543.77						

Gross Pay:	\$1,151.25	\$22,737.21
Withholdings	Current	YTD
Federal	\$51.66	\$1,071.19
Social Security	\$71.38	\$1,409.73
Medicare	\$16.69	\$329.70
South Carolina	\$47.54	\$957.73

Benefits Total: \$0.00 \$0.00 **Deductions Total:** \$0.00 \$0.00

† Benefit amount is applied to Gross Pay

‡ Benefit not applied to Gross/Net Pay.

§ Benefit taxed not applied to Gross/Net Pay.

Net Pay: \$963.98 \$18,968.86

09/24/2021

Nine Hundred Sixty-Three Dollars and 98 Cents:

MEYER B SMOLOWSKY

3895 PINE LOG RD

Warrenville, SC 29851

\$ 963.98

Name: MEYER B SMOLOWSKY

SSN/EIN: XXX-XX-9159

Pay Period: 09/05/2021 - 09/18/2021

Check Date: 09/24/2021

Pay Class: Hourly

Balance available - Vac: 0.00hrs Sick: 0.00hrs

Earnings	Rate	Hours	Current	YTD	Benefits	Current	YTD	Deductions	Current	YTD
Training	\$10.00	0.00	\$0.00	\$0.00						
Rate 1	\$15.00	76.00	\$1,147.50	\$22,193.44						
Vacation	\$15.00	0.00	\$0.00	\$0.00						
Bonus	\$15.00	0.00	\$0.00	\$0.00						
OT - Rate 1	\$22.50	0.50	\$3.75	\$543.77						

Gross Pay:	\$1,151.25	\$22,737.21
Withholdings	Current	YTD
Federal	\$51.66	\$1,071.19
Social Security	\$71.38	\$1,409.73
Medicare	\$16.69	\$329.70
South Carolina	\$47.54	\$957.73

Benefits Total: \$0.00 \$0.00 **Deductions Total:** \$0.00 \$0.00

† Benefit amount is applied to Gross Pay

‡ Benefit not applied to Gross/Net Pay.

§ Benefit taxed not applied to Gross/Net Pay.

Net Pay: \$963.98 \$18,968.86

09/09/2021

Shawn E. Smolowsky

**453.99

*****Four hundred fifty-three and 99/100

Shawn E. Smolowsky
3096 Pine Log Road
Warrenville SC 29851

EMPLOYER

Augusta Family Dental Group, LLC
3606 Wheeler Road
Augusta GA 30909

PAY PERIOD

Period Beginning: 08/26/2021
Period Ending: 09/08/2021
Pay Date: 09/09/2021
Total Hours: 30.30

EMPLOYEE

Shawn E. Smolowsky
3096 Pine Log Road
Warrenville SC 29851

NET PAY:

\$453.99

MEMO:

<u>PAY</u>	<u>Hours</u>	<u>Rate</u>	<u>Current</u>	<u>YTD</u>
Regular Pay	30.30	17.00	515.10	515.10

<u>DEDUCTIONS</u>	<u>Current</u>	<u>YTD</u>
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<u>TAXES</u>	<u>Current</u>	<u>YTD</u>
Federal Income Tax	3.24	3.24
Social Security	31.94	31.94
Medicare	7.47	7.47
GA Income Tax	18.46	18.46

<u>SUMMARY</u>	<u>Current</u>	<u>YTD</u>
Total Pay	\$515.10	\$515.10
Taxes	\$61.11	\$61.11
Deductions	\$0.00	\$0.00

Net Pay

\$453.99

Case 21-02707-hb	Dec 14	Filed 11/15/21	Entered 11/15/21 16:40:27	Desc Main	YTD
arnings	\$10.00	0.00	\$0.00	\$0.00	
onus	\$15.00	0.00	\$0.00	\$0.00	
ate 1	\$15.00	74.25	\$1,113.75	\$23,307.19	
acation	\$15.00	0.00	\$0.00	\$0.00	
T - Rate 1	\$22.50	0.00	\$0.00	\$543.77	

Gross Pay:	\$1,113.75	\$23,850.96
Withholdings	Current	YTD
Federal	\$47.91	\$1,119.10
Social Security	\$69.05	\$1,478.78
Medicare	\$16.15	\$345.85
South Carolina	\$45.18	\$1,002.91

Benefits Total: \$0.00 \$0.00 Deductions Total: \$0.00 \$0.00
 † Benefit amount is applied to Gross Pay.
 ‡ Benefit not applied to Gross/Net Pay.
 § Benefit taxed not applied to Gross/Net Pay.

Net Pay: \$935.46 \$19,904.32

Rountree Pool Pros LLC

115 Sumac Ct
 Aiken, SC 29803

Nine Hundred Thirty-Five Dollars and 46 Cents

MEYER B SMOLOWSKY
 3056 PINE LOG RD
 Warrentonville, SC 29851

10/08/2021

\$ 935.46

Name: MEYER B SMOLOWSKY
 SSN/EIN: XXX-XX-9159
 Pay Period: 09/19/2021 - 10/02/2021
 Balance available - Vac: 0.00 hrs Sick: 0.00 hrs
 Check Date: 10/08/2021
 Pay Class: Hourly

arnings	Rate	Hours	Current	YTD	Benefits	Current	YTD	Deductions	Current	YTD
arnings	\$10.00	0.00	\$0.00	\$0.00						
onus	\$15.00	0.00	\$0.00	\$0.00						
ate 1	\$15.00	74.25	\$1,113.75	\$23,307.19						
acation	\$15.00	0.00	\$0.00	\$0.00						
T - Rate 1	\$22.50	0.00	\$0.00	\$543.77						

Gross Pay:	\$1,113.75	\$23,850.96
Withholdings	Current	YTD
Federal	\$47.91	\$1,119.10
Social Security	\$69.05	\$1,478.78
Medicare	\$16.15	\$345.85
South Carolina	\$45.18	\$1,002.91

Benefits Total: \$0.00 \$0.00 Deductions Total: \$0.00 \$0.00
 † Benefit amount is applied to Gross Pay.
 ‡ Benefit not applied to Gross/Net Pay.
 § Benefit taxed not applied to Gross/Net Pay.

Net Pay: \$935.46 \$19,904.32

Shawn E. Smolowsky
3096 Pine Log Road
Warrenville
SC, 29851

PAY	Hours	Rate	Current	YTD
Regular Pay	30.30	17.00	515.10	515.10

TAXES	Current	YTD
Federal Income Tax	3.24	3.24
Social Security	31.94	31.94
Medicare	7.47	7.47
GA Income Tax	18.46	18.46

Augusta Family Dental Group, LLC
3606 Wheeler Road
Augusta
GA, 30909

OTHER PAY	Current	YTD

DEDUCTIONS	Current	YTD

Pay Period
08/28/2021 - 09/08/2021

Pay Date
09/09/2021

MEMO:

BENEFITS	Used	Available

SUMMARY	Current	YTD
Total Pay	\$515.10	\$515.10
Taxes	\$61.11	\$61.11
Deductions	\$0.00	\$0.00

NET PAY: \$453.99

AUGUSTA FAMILY DENTAL GROUP LLC

AUGUSTA FAMILY DENTAL GROUP LLC

1164

Shawn E. Smolowsky
3096 Pine Log Road
Warrenville
SC, 29851

PAY	Hours	Rate	Current	YTD
Regular Pay	30.30	17.00	515.10	515.10

TAXES	Current	YTD
Federal Income Tax	3.24	3.24
Social Security	31.94	31.94
Medicare	7.47	7.47
GA Income Tax	18.46	18.46

Augusta Family Dental Group, LLC
3606 Wheeler Road
Augusta
GA, 30909

OTHER PAY	Current	YTD

DEDUCTIONS	Current	YTD

Pay Period
08/26/2021 - 09/08/2021

Pay Date
09/09/2021

MEMO:

BENEFITS	Used	Available

SUMMARY	Current	YTD
Total Pay	\$515.10	\$515.10
Taxes	\$61.11	\$61.11
Deductions	\$0.00	\$0.00

NET PAY: \$453.99

Shawn E. Smolowsky
3096 Pine Log Road
Warrenville
SC, 29851

PAY	Hours	Rate	Current	YTD
Regular Pay	71.15	18.50	1,316.28	3,045.18

TAXES	Current	YTD
Federal Income Tax	92.38	175.70
Social Security	81.81	188.80
Medicare	19.09	44.16
GA Income Tax	64.53	141.63

Augusta Family Dental Group, LLC
3606 Wheeler Road
Augusta
GA, 30909

DEDUCTIONS	Current	YTD
------------	---------	-----

OTHER PAY	Current	YTD
-----------	---------	-----

Pay Period
09/23/2021 - 10/06/2021

Pay Date
10/07/2021

MEMO:

BENEFITS	Used	Available
----------	------	-----------

SUMMARY	Current	YTD
Total Pay	\$1,316.28	\$3,045.18
Taxes	\$257.61	\$550.29
Deductions	\$0.00	\$0.00
NET PAY:	\$1,058.67	

AUGUSTA FAMILY DENTAL GROUP LLC

AUGUSTA FAMILY DENTAL GROUP LLC

1179

Shawn E. Smolowsky
3096 Pine Log Road
Warrenville
SC, 29851

PAY	Hours	Rate	Current	YTD
Regular Pay	71.15	18.50	1,316.28	3,045.18

TAXES	Current	YTD
Federal Income Tax	92.38	175.70
Social Security	81.81	188.80
Medicare	19.09	44.16
GA Income Tax	64.53	141.63

Augusta Family Dental Group, LLC
3606 Wheeler Road
Augusta
GA, 30909

DEDUCTIONS	Current	YTD
------------	---------	-----

OTHER PAY	Current	YTD
-----------	---------	-----

Pay Period
09/23/2021 - 10/06/2021

Pay Date
10/07/2021

MEMO:

BENEFITS	Used	Available
----------	------	-----------

SUMMARY	Current	YTD
Total Pay	\$1,316.28	\$3,045.18
Taxes	\$257.61	\$550.29
Deductions	\$0.00	\$0.00
NET PAY:	\$1,058.67	



104521

Rev 3/10

10452

09/23/2021

Shawn E. Smolowsky

**982.23

*****Nine hundred eighty-two and 23/100

Shawn E. Smolowsky
3096 Pine Log Road
Warrenville SC 29851

EMPLOYER

Augusta Family Dental Group, LLC
3606 Wheeler Road
Augusta GA 30909

PAY PERIOD

Period Beginning: 09/09/2021
Period Ending: 09/22/2021
Pay Date: 09/23/2021
Total Hours: 71.40

EMPLOYEE

Shawn E. Smolowsky
3096 Pine Log Road
Warrenville SC 29851

NET PAY: \$982.23

MEMO:

PAY	Hours	Rate	Current	YTD
Regular Pay	71.40	17.00	1,213.80	1,728.90

DEDUCTIONS	Current	YTD
-------------------	----------------	------------

TAXES	Current	YTD
Federal Income Tax	80.08	83.32
Social Security	75.25	107.19
Medicare	17.60	25.07
GA Income Tax	58.64	77.10

SUMMARY	Current	YTD
Total Pay	\$1,213.80	\$1,728.90
Taxes	\$231.57	\$292.68
Deductions	\$0.00	\$0.00

Net Pay \$982.23

10/07/2021

Shawn E. Smolowsky

**1,058.67

*****One thousand fifty-eight and 67/100

Shawn E. Smolowsky
3096 Pine Log Road
Warrenville SC 29851

EMPLOYER
Augusta Family Dental Group, LLC
3606 Wheeler Road
Augusta GA 30909

PAY PERIOD
Period Beginning
Period Ending:
Pay Date:
Total Hours:

09/23/2021
10/06/2021
10/07/2021
71.15

EMPLOYEE
Shawn E. Smolowsky
3096 Pine Log Road
Warrenville SC 29851

NET PAY: \$1,058.67

MEMO:

PAY	Hours	Rate	Current	YTD
Regular Pay	71.15	18.50	1,316.28	3,045.18

DEDUCTIONS	Current	YTD
-------------------	----------------	------------

TAXES	Current	YTD
Federal Income Tax	92.38	175.70
Social Security	81.61	188.80
Medicare	19.09	44.16
GA Income Tax	64.53	141.63

SUMMARY	Current	YTD
Total Pay	\$1,316.28	\$3,045.18
Taxes	\$257.61	\$550.29
Deductions	\$0.00	\$0.00

Net Pay \$1,058.67

3/26

Fill in this information to identify your case:

Debtor 1 Meyer Bryan Smolowsky

Debtor 2 Shawn Elaine Smolowsky
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 21-02707
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 979.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

6. Utilities:								
6a. Electricity, heat, natural gas	6a. \$	350.00						
6b. Water, sewer, garbage collection	6b. \$	129.00						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	185.00						
6d. Other. Specify: _____	6d. \$	0.00						
7. Food and housekeeping supplies	7. \$	700.00						
8. Childcare and children's education costs	8. \$	0.00						
9. Clothing, laundry, and dry cleaning	9. \$	150.00						
10. Personal care products and services	10. \$	100.00						
11. Medical and dental expenses	11. \$	175.00						
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	575.00						
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	150.00						
14. Charitable contributions and religious donations	14. \$	0.00						
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	0.00						
15b. Health insurance	15b. \$	265.00						
15c. Vehicle insurance	15c. \$	179.00						
15d. Other insurance. Specify: _____	15d. \$	0.00						
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: AUTO PROPERTY TAXES								
	16. \$	45.00						
17. Installment or lease payments:								
17a. Car payments for Vehicle 1	17a. \$	0.00						
17b. Car payments for Vehicle 2	17b. \$	0.00						
17c. Other. Specify: _____	17c. \$	0.00						
17d. Other. Specify: _____	17d. \$	0.00						
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).								
	18. \$	0.00						
19. Other payments you make to support others who do not live with you.								
	\$	0.00						
Specify: _____								
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.								
20a. Mortgages on other property	20a. \$	0.00						
20b. Real estate taxes	20b. \$	0.00						
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00						
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00						
20e. Homeowner's association or condominium dues	20e. \$	0.00						
21. Other: Specify: _____	21. +\$	0.00						
22. Calculate your monthly expenses								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td>4,082.00</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td>4,082.00</td> </tr> </table> </div>		\$	4,082.00	\$		\$	4,082.00
\$			4,082.00					
\$								
\$	4,082.00							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
23. Calculate your monthly net income.								
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	4,367.27						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	4,082.00						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .								
	23c. \$	285.27						
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
<input checked="" type="checkbox"/> No.								
<input type="checkbox"/> Yes. Explain here: DEBTORS ARE PRESENLTLY WORKING ON A LOAN MODIFICATION.								

Fill in this information to identify your case:

Debtor 1 **Meyer Bryan Smolowsky**
First Name Middle Name Last Name

Debtor 2 **Shawn Elaine Smolowsky**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **21-02707**
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Meyer Bryan Smolowsky
Meyer Bryan Smolowsky
Signature of Debtor 1

Date November 15, 2021

X /s/ Shawn Elaine Smolowsky
Shawn Elaine Smolowsky
Signature of Debtor 2

Date November 15, 2021

Fill in this information to identify your case:

Debtor 1 **Meyer Bryan Smolowsky**
First Name Middle Name Last Name

Debtor 2 **Shawn Elaine Smolowsky**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **21-02707**
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1 lived there

Debtor 2 Prior Address:

Dates Debtor 2 lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

\$23,850.96

☐ Operating a business

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

\$3,045.18

☐ Operating a business

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2020)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$27,457.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
For the calendar year before that: (January 1 to December 31, 2019)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$23,363.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	N/A	\$0.00	N/A	\$0.00
For last calendar year: (January 1 to December 31, 2020)	N/A	\$0.00	N/A	\$0.00
For the calendar year before that: (January 1 to December 31, 2019)	RETIREMENT	\$10,761.00	N/A	\$0.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
NEVADA FUNDING, LLC V MEYER B SMOLOWSKY AND SHAWN SMOLOWSKY 2021-CP-02-01688	FORECLOSURE	AIKEN COUNTY MASTER IN EQUITY 109 PARK AVENUE SE Aiken, SC 29801	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded PENDING

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No
☐ Yes

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
MOSS & ASSOCIATES, ATTORNEYS P.A. 816 ELMWOOD AVENUE COLUMBIA, SC 29201	ATTORNEYS FEES: \$586.00 FILING FEE: \$313.00	OCTOBER 2021	\$899.00
CC ADVISING, INC. 730 WASHINGTON AVE. SUITE 230-D Bay City, MI 48708-5732	CREDIT COUNSELING: \$19.52	OCTOBER 2021	\$19.52

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☐ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	--	---	----------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☐ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	------------------------------------	----------------------------------	---	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	--------------------------

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 **Meyer Bryan Smolowsky**
Debtor 2 **Shawn Elaine Smolowsky**

Case number (if known) **21-02707**

- ☒ No. None of the above applies. Go to Part 12.
- ☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name
Address
(Number, Street, City, State and ZIP Code)

Describe the nature of the business
Name of accountant or bookkeeper

Employer Identification number
Do not include Social Security number or ITIN.
Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

Name
Address
(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Meyer Bryan Smolowsky
Meyer Bryan Smolowsky
Signature of Debtor 1

/s/ Shawn Elaine Smolowsky
Shawn Elaine Smolowsky
Signature of Debtor 2

Date November 15, 2021

Date November 15, 2021

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
- ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).